

## TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT <b>10-JUL-2015</b>		TIME <b>16:03:00</b>		2 ADDRESS OF OCCURRENCE <b>10639 S COTTAGE GROVE AVE CHICAGO, IL 60628</b>		3 LOCATION CODE <b>304</b>		4 BEAT/OCCUR <b>0512</b>			
MEMBER INVOLVED	5 POSITION <b>9171</b>	6 LAST NAME <b>ROBERTS</b>	7 FIRST NAME <b>JOHN E</b>	8 STAR NO <b>2196</b>	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE <b>WHI</b>	11 AGE <b>[REDACTED]</b>	12 HT <b>600</b>	13 WT <b>170</b>		
	14 DATE OF APPT <b>26-MAR-1990</b>	15 EMPLOYEE NO <b>[REDACTED]</b>	16 UNIT & BEAT OF ASSIGNMENT <b>193 6565</b>	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION	20 LAST NAME <b>MCSWAIN</b>		21 FIRST NAME <b>EUGENE</b>		22 M.I. <b>[REDACTED]</b>	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE <b>BLK</b>	25 D.O.B. <b>[REDACTED]</b>	26 HT <b>506</b>	27 WT <b>150</b>	
	28 ADDRESS <b>[REDACTED]</b>		29 TELEPHONE NO. <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>			34 BY WHOM? <b>DR. [REDACTED]</b>		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		01 Apparently Normal		02 Under Influence	
	36 CHARGES PLACED <b>00000000</b>			DNA		37 CB NO.		IR NO		DNA	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER _____		
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS WRISTLOCK ARM BAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKL DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____		
	38 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40 ADDITIONAL INFORMATION							
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO		UNIT						
	41 WEAPON TYPE		04 SEMI-AUTO PISTOL		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS <b>CLEAR</b>		
	01 REVOLVER		05 CHEMICAL WEAPON		Indoors <input checked="" type="checkbox"/> Outdoors		45 MAKE/MANUFACTURER		46 MODEL		
	02 RIFLE		06 TASER (Probe Discharge)				47 BARREL LENGTH		48 CALIBER/GAUGE		
	03 SHOTGUN		07 OTHER								
	49 TASER DART ID NO		50 WEAPON SERIAL No. (Include Letters)		51 CHICAGO GUN REG. NO.		52 IL FIREARM OWNER ID. NO		53 HANDGUN CERTIFICATE NO		
	54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO. OF SHOTS MEMBER FIRED		
	59 WHO FIRED FIRST SHOT		03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT		61 NO. OF CARTRIDGES/ SHOT SHELLS R/LOADED		62 HOW WAS MEMBER'S HANDGUN WORN		
	01 MEMBER		02 OFFENDER		01 YES		02 NO		01 RT. SIDE (WAIST)		
	02 LT. SIDE (WAIST)		03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS		01 YES		
02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		01 0 - 05 FT		02 05 - 10 FT			
03 10 - 15 FT		04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69 POSITION OF MEMBER DISCHARGING WEAPON		01 STANDING			
02 LYING DOWN		03 SITTING		04 KNEELING		05 OTHER (SPECIFY)		70 EVENT NO <b>1519111125</b>			
CASE INFO.	71 NOTIFICATIONS (OC OR TASER INCIDENT):		OEMC		DSS & LT./DIST. OF OCCUR.		CPIC		72 R.D. NO <b>HY335302</b>		
	NOTIFICATIONS (FIREARM INCIDENT):		OEMC		DSS/DIST. OF OCCUR & OCIC		CPIC		DET. DIV.		
SIGNATURES	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
	73 REPORTING MEMBER (Print Name) <b>ROBERTS, JOHN E</b>				STAR/EMPLOYEE NO. <b>2196</b>		SIGNATURE <b>[REDACTED]</b>				
	74 REVIEWING SUPERVISOR (Print Name) <b>LOPEZ, JOSE L</b>										
STAR NO <b>809</b>				SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>10-JUL-2015 23:21:37</b>		TIME			

Log 1076081

V#15-10

PA 26

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	DNA	REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
Offender is hospitalized.			

### 76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that Sergeants action were in compliance with department guidelines and directives

### 77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1076081 OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE



DATE COMPLETED

TIME

11-JUL-2015 00:55:44

79 TOTAL TRKs THIS EVENT No

3

Log 10 76081  
U#15-10 A# 26